

M-942

**W42****MASSACHUSETTS DEPARTMENT OF REVENUE  
EMPLOYER'S MONTHLY RETURN OF INCOME TAXES WITHHELD****YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.**NUMBER OF EMPLOYEES FROM  
WHOM TAXES WERE WITHHELD: 

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS RETURN COVERS  
THE CORRECT PERIOD

FOR MONTH/YEAR

☐ Check here if EFT payment.**Note:** An entry must be made in each line. Enter "0," if applicable.**IF ANY  
INFOR-  
MATION IS  
INCORRECT,  
SEE  
INSTRUC-  
TIONS.**☐ Check if final return and you wish to close your withholding tax account.**1. AMOUNT WITHHELD****2. ADJUSTMENT FOR PRIOR  
AMOUNT WITHHELD\*****3. AMOUNT DUE AFTER ADJUST-  
MENT (NOT LESS THAN "0")****4. PENALTIES****5. INTEREST****6. TOTAL AMOUNT DUE  
(ADD LINES 3, 4 AND 5)**Return is due with payment on or before the 15th day of the month following the month indicated above, except during March, June, September and December — then due the last day of the following month. Make check payable to Commonwealth of Massachusetts. Mail to: **Massachusetts Department of Revenue, PO Box 7038, Boston, MA 02204.**

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

CHECK HERE IF USING THE BACK OF THIS FORM: ☐

Signature

Title

Date

\*Explain any adjustment on reverse or it will be disallowed.

**LINE 2 ADJUSTMENT INFORMATION**

STATE REASON FOR ADJUSTMENT REQUEST:

	AS REPORTED	CORRECTED	
AMOUNT WITHHELD			
ADJUSTMENT PRIOR PERIOD			
AMOUNT PAID			
REPORTED UNDER FED. IDENT. NO.			
REPORTING PERIOD IN ERROR			

